

CITY OF ELK RIVER SAFETY COMMITTEE ACCIDENT REVIEW SUMMARY FORM

NAME (this will not be given to Safety Committee):	DEPARTMENT: Police
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 9/18/16	TIME: 4:40 pm
LOCATION: Camp Ripley	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) Yes
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Employee was participating in an 'iron team' competition as part of the tactical training conference. Employee was attempting to go over an obstacle and employee's left shoulder dislocated.	
ENVIRONMENTAL FACTORS: None	
UNSAFE CONDITIONS: None	
ACTION TAKEN: Immediately went to Little Falls Hospital.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): The Safety Committee did not have any recommendations. <i>(October 19, 2016 meeting)</i>
